

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>011274</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R-C 05/22/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERWALK COMMUNITIES LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>401 SE SIXTH ST EVANSVILLE, IN 47713</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{R 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00122224 and Complaint IN00123847, completed on February 28, 2013.</p> <p>This visit was done in conjunction with the Investigation of Complaint IN00128231.</p> <p>This visit was done in conjunction with the PSR to the Investigation of Complaint IN00119127, completed on November 16, 2012.</p> <p>This visit was done in conjunction with the PSR to the Investigation of Complaint IN00120095, completed on December 19, 2012.</p> <p>Complaint IN00122224 Corrected.</p> <p>Complaint IN00123847 Corrected.</p> <p>Survey dates: May 21 and 22, 2013</p> <p>Facility number: 011274 Provider number: 011274 AIM number: N/A</p> <p>Survey team: Anne Marie Crays, RN</p> <p>Census bed type: Residential: 92 Total: 92</p> <p>Census payor type: Medicaid: 81 Other: 11 Total: 92</p>	{R 000}			

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

S32T12

If continuation sheet 1 of 2

Indiana State Department of Health

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{R 000}	<p>Continued From page 1</p> <p>Sample: 11</p> <p>Riverwalk Communities LLC was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the Investigation of Complaint IN00122224 and Complaint IN00123847.</p> <p>Quality review completed on May 23, 2013 by Randy Fry RN.</p>	{R 000}			